

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 3, 1988

ALL COUNTY LETTER NO. 88-15

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: VAESSEN V. WOODS RETROACTIVE IMPLEMENTATIONREFERENCES: ACIN I-44-80, ACIN I-150-82, ACL 80-60, ACL 81-21, ACL 82-55,
ACL 82-82, ACL 83-20, ACL 84-27, ACL 84-43, ACL 84-50 AND ACL 85-44

The Vaessen v. Woods lawsuit challenged the State Department of Social Services' (SDSS) authority to count income tax refunds as income available to meet current needs rather than as resources. On April 5, 1984, the California Supreme Court ordered SDSS and County Welfare Departments (CWDs) to treat income tax refunds as resources rather than income in grant determination. The Court also ordered SDSS to provide retroactive benefits and interest to class members. On September 17, 1987, the final order was signed and the provisions of that order are set forth in the attached regulations.

The purpose of this letter is to provide you with specific instructions and materials necessary for implementation of the Vaessen Retroactive Court Order. Vaessen Posters (Temp 1706E) will be sent to you under a separate cover letter on or before February 22, 1988. Attached are the following materials:

1. A copy of the Emergency Regulations.
2. Reproducible copies (English only) of:
 - "Walk-in" Claim Form (Temp 1706A).
 - Supplemental Claim Form (Temp 1706B).
 - Release of Tax Information Forms for the Franchise Tax Board (FTB) and the Internal Revenue Service (IRS) (Temp 1706C and Temp 1706D).
 - Transmittal Forms to IRS and/or FTB (Temp 1706F and Temp 1706G).
 - Notices of Action.

Translations of the above materials (except Temp 1706F and Temp 1706G) in the five standard languages will follow as soon as possible.

3. Instructions for completing Notices of Action.
4. Listing of counties by code number.
5. Statistical Reporting Form.
6. ACL 84-121.

Listing of Counties by Code Number

The attached listing has an individual code number for each county. The Claim Form (Temp 1706) mailed by SDSS and each Release of Tax Information Form (Temp 1706C) returned from FTB has a number code which matches a county on the attached listing. If no case file can be located in the county in which the claim is filed, the number code on the Claim Form or the Release of Information Form will identify the correct county for claims processing.

For example, if Sacramento County receives a Claim Form and after a thorough search cannot locate a case file, the county will use the number code on the Claim Form and the county code listing to identify the correct county for claims processing. If the number code on the Claim Form is 20 (Madera County), then within 15 working days after receipt of the Claim Form, Sacramento County would forward the Claim Form to Madera County (see Emergency Regulation Section 50-016.52).

Obtaining Tax Refund Information

When no case file exists or the information in the case file is insufficient to verify or deny a claim, the CWD shall request the amount of the tax refund with the Release of Tax Information Forms from IRS and/or the FTB (see Emergency Regulation Subsection 50-016.516). Attach the Release of Tax Information Form(s) (Temp 1706C and/or Temp 1706D) to the appropriate Transmittal Form (Temp 1706F and/or Temp 1706G) and forward them to:

Franchise Tax Board
Disclosure Office
P.O. Box 1468
Sacramento, CA 95814

and/or

Internal Revenue Service
Disclosure Officer
P.O. Box 24014
Fresno, CA 93779

When a claim is received from a non-English speaking claimant and no case file information can be located, the county shall use its current procedure for obtaining a signature on the Release of Information Form ABCDM 228 to obtain a signature on the Release of Tax Information Forms from IRS and/or FTB (Temp 1706C and Temp 1706D). Send an English version of the form to FTB and/or IRS.

Fiscal Claiming Instructions

Retroactive payments issued in compliance with the Vaessen v. Woods court case shall be issued and claimed in accordance with MPP Section 25-740.5. These payments must also be reported on the separate listing as required in All-County Letter (ACL) 84-121, dated November 27, 1984 (copy attached). Federal financial participation in court-ordered interest payments is still an unresolved issue. Therefore, in addition to the requirements of ACL 84-121, the amount of interest included in the payment to each case must also be reported separately on the listing; e.g.:

Case Number	Case Name	Total Amount of Payment, Including Interest	Total Amount of Interest
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The preceding instructions apply to payments claimed under the existing payment system through June 1988. Further instructions will be given for payments claimed after July 1, 1988.

If there are any questions regarding claiming instructions, please call Ms. Stephanie Davis, Assistance Policy Unit, at (916) 323-0267 or ATSS 8-473-0267.

Statistical Reports

Submit the attached Statistical Reporting Form by November 1, 1988 to:

State Department of Social Services
744 P Street, M.S. 19-81
Sacramento, CA 95814
Attention: Levy St. Mary

If you have any questions regarding the attached Statistical Reporting Form (GEN 1172), please contact Mr. Levy St. Mary at (916) 445-2135 or ATSS 8-485-2135.

If you have any questions or need any assistance regarding the Vaessen Court Order or the attached materials, please contact Mr. Vincent Toolan at (916) 324-2007 or ATSS 8-454-2007.



ROBERT A. HOREL
Deputy Director

Attachments

.1 Background

The Vaessen v. Woods lawsuit challenged the authority of the State Department of Social Services (SDSS), to count income tax refunds as income available to meet current needs rather than as resources. On April 5, 1984, the California Supreme Court ordered SDSS and county welfare departments (CWDs) to treat income tax refunds as resources rather than earned income in grant determination. The final judgement ordered SDSS to provide retroactive benefits and interest to class members. On September 17, 1987 the final order was signed and the provisions of that order are set forth in the following regulations.

.2 Definitions

.21 For the purpose of these regulations:

- .211 "Claim Form" means that portion of the SDSS designed Informing/Claiming Notices (Temp 1706 and Temp 1706A) which must be completed, signed, and returned to the appropriate CWD for determination of a claimant's eligibility for retroactive benefits.
- .212 "Class members" are individuals otherwise cash aid eligible who received an income tax refund and as a result had their cash aid reduced, denied or terminated during the retroactive period.
- .213 "Good Cause" means those situations when a claimant is suffering from a mental or physical condition which prevents the timely completion and return of form(s) or when a claimant's failure to submit a timely and complete form(s) is directly attributable to county error or when the county finds other extenuating circumstances which prevent the timely completion and return of a form(s).
- .214 "Release of Tax Information Form" means the SDSS designed forms (Temp 1706C and Temp 1706D), signed by the claimant to give permission for the CWD to secure claim verification information from the

Internal Revenue Service (IRS), and/or the Franchise Tax Board (FTB).

.215 "Retroactive period" means the period of time between January 1, 1979 through March 31, 1980 and/or May 1, 1982 through August 31, 1982.

.216 "Supplemental Claim Form" (Temp 1706B) means the SDSS designed claiming document which is to be filled out by the claimant, and used when the claimant's case record is not available or the information contained in the claimant's case record is not sufficient to permit the determination of eligibility for retroactive benefits.

.3 Informing Potentially Eligible Persons of the Availability of Retroactive Benefits

.31 In order to notify potentially eligible persons SDSS shall:

.311 On or before March 1, 1988, send by first class mail an Informing/Claiming Notice (Temp 1706), printed in both English and Spanish, to all AFDC recipients who received an income tax refund in the periods January 1979 through March 1980 and/or May 1982 through August 1982.

.312 Issue posters (Temp 1706E) printed in both English and Spanish informing the general public of the availability of benefits.

.313 Provide CWDs with reproducible copies in English and Spanish of the Informing/Claiming Notice (Temp 1706A), the Supplemental Claim Form (Temp 1706B), and the FTB and IRS Release of Tax Information Forms (Temp 1706C and Temp 1706D).

.32 County Responsibilities

.321 All counties shall post English and Spanish informing posters supplied by SDSS in conspicuous locations in all CWD offices from March 1, 1988 through May 31, 1988.

.322 All counties shall reproduce a supply of the Informing/Claiming Notice (Temp 1706A), and shall give or mail such notices to anyone upon request.

HANDBOOK

.323 If more than one CWD is listed on the Claim Form (Temp 1706) or on the Release of Tax Information Form (Temp 1706C), the CWD shall photocopy and forward within 15 working days all claiming documents to each CWD listed.

.4 Application for Retroactive Benefits

.41 Claimant Responsibilities:

.411 The claimant shall complete and sign under the penalty of perjury the Informing/Claiming Notice (Temp 1706 or Temp 1706A).

(a) The Informing/Claiming Notice shall be considered complete when the claimant has provided a response to all the questions, and has provided a name, address, and social security number (SSN) or indication that claimant has no SSN.

.412 If sufficient claim verification information is not available in the case file, the claimant shall complete and sign under the penalty of perjury the Supplemental Claim Form (Temp 1706B) and the Release of Tax Information Forms for FTR and/or IRS (Temp 1706C and Temp 1706D).

(a) The Supplemental Claim Form shall be considered complete when the claimant has provided a response to the required questions including the time period in which the income tax refund was received, the address where aid was received, and the number of people in the assistance unit.

.413 The claimant shall submit a claim form (Temp 1706 or Temp 1706A) to the CWD in the county from which AFDC cash aid was received or was denied/discontinued during the time period(s) for which retroactive benefits are being claimed.

.414 The claim form (Temp 1706 or Temp 1706A) shall be submitted by May 31, 1983.

(a) Unless the evidence indicates otherwise, the date the claim form is submitted shall be determined as follows:

- (1) The postmark date of the envelope when the claim is mailed to the CWD; or
- (2) The date stamped on the claim form by the CWD when the claim is delivered in person to the CWD; or
- (3) The date the claim form was signed by the claimant, when the date cannot be determined by either Sections 50-016.414(a)(1) or (2).

.42 CWD Responsibilities

- .421 The CWD shall stamp each claim form (Temp 1706 or Temp 1706A) with the date the form was received and shall retain all envelopes that were postmarked after May 31, 1988.
- .422 Claims submitted after the date specified in Section 50-016.414 shall be denied.
- .423 The CWD shall attempt to locate a case record for the claimant.
- .424 The CWD shall personally verify all signatures on the Release of Tax Information Forms (Temp 1706C and/or Temp 1706D), by comparing the signature on the form(s) to a signature on a valid driver's license, identification card from the Department of Motor Vehicles, or a signed social security card, except as provided in Section 50-016.513(a).

.5 Claim(s) Processing

- .51 The CWD shall review each claim form (Temp 1706 or Temp 1706A), to determine whether claimant may be a member of the class and whether claimant has provided a complete claim form pursuant to Section 50-016.411(a).
- .511 If the claimant answered no to any of the questions on the Informing/Claiming Notice (Temp 1706A), the claimant is not a member of the class and the CWD shall deny the claim without further review.
- .512 The CWD shall review the Claim Form (Temp 1706 and Temp 1706A), and request further information or clarification if the form is incomplete or the

information is internally inconsistent. If the requested information is not returned to the CWD within 30 days of the date mailed to the claimant, the claim shall be denied.

.513 In the event the case record cannot be located or the information contained in the case record is insufficient to confirm or deny class membership as defined in Section 50-016.212, the CWD shall mail Release of Tax Information Forms (Temp 1706C and/or Temp 1706D), and a Supplemental Claim Form (Temp 1706B) to the claimant.

(a) When a Release of Tax Information Form(s) (Temp 1706C and/or Temp 1706D), is required, the claimant shall provide to the county for signature verification a valid driver's license, identification card from the Department of Motor Vehicles, or a social security card which has been signed by that claimant. In the event that a verifiable signature cannot be presented in person, then a readable photocopy of the aforementioned identification may be submitted along with the Release of Tax Information Forms for review by the appropriate CWD.

.514 If the Release of Tax Information Form(s) (Temp 1706C and/or Temp 1706D), and the signature verification, and/or the Supplemental Claim Form (Temp 1706B) are not completed and returned to the CWD within 30 days of the date mailed to the claimant without good cause, the claim shall be denied.

(a) If one or more of the forms mentioned in Section 50-016.514 is returned without the other required forms, the CWD shall send a Notice of Action (NOA) to the claimant informing him/her that he/she must return all the missing forms within 15 days or be denied.

(b) If the claimant fails to return one or more of the forms mentioned in Section 50-016.514 with good cause, the claimant will be permitted up to an additional 15 days to return the documents from the date the CWD determines that good cause exists.

(c) The date the Release of Tax Information Form (Temp 1706C and Temp 1706D) and the Supplemental Claim Form (Temp 1706B) are returned to the CWD is the date of the postmark when mailed, or the date of receipt by the CWD when hand-delivered.

.515 Claimants may be requested to supply documentation where such documentation is actually in the claimant's possession. Where claimants do not have documentation in their possession they may be asked to sign a Release of Information Form (ARCOM 228), enabling the county to obtain information on their behalf. A claim will not be denied if the claimant fails to provide documentation in his/her possession or sign the Release of Information Form.

.516 Where the case file contains insufficient information to verify a claim, the Release of Tax Information Forms (Temp 1706C and Temp 1706D) shall be mailed to the IRS and/or the FTR to obtain claim verification information.

.517 If the CWD determines that the claimant is not a member of the class, the CWD shall send an NOA and deny the claim. The CWD shall review all existing records and shall deny the claim if no record can be found that the claimant applied for or received cash aid. This provision applies only when the CWD can certify that a listing of cash aid cases (such as the AFDC payroll or warrant register) was retained in addition to cash aid case records for the time period claimed. In addition, this provision can be applied to claimants who were denied cash aid only when the CWD can certify that existing cash aid case records include all denials.

.52 If a CWD receives a claim for any period in which the CWD can determine that the form has been submitted to the wrong county, the CWD shall:

.521 Forward within 15 working days from the date of receipt, the claim form (Temp 1706 or Temp 1706A) or a copy thereof to the correct CWD with a copy of the NOA sent to the claimant, indicating the claim period to be processed by the second CWD, when the correct CWD can be determined by the information on the claim form or case record. In

addition, the CWD shall inform the claimant on that same NOA, that for the period in question, his/her claim has been forwarded to the correct CWD for processing.

(a) The date the claim form is submitted to the first CWD, as determined in Section 50-016.414, shall be considered the date of submission to the second CWD.

.522 Where the correct CWD cannot be determined from the information in the case file or warrant registers, the CWD identified by FTR on the claim form (Temp 1705) or the Release of Tax Information Form (Temp 1706C) shall be considered the correct CWD.

.5 Calculation of Retroactive Benefits:

.61 The CWD shall determine the amount of retroactive benefits as follows:

.611 When the case record and/or warrant registers contain sufficient information to verify a claim, the amount of the retroactive benefits will be the difference between the old grant amount and the new grant amount when adjusted by counting income tax refunds as property rather than as income.

.612 When case record information and warrant registers are insufficient to verify a claim for the first retroactive period (January, 1979 through March, 1980) the CWD will calculate the retroactive benefit amount(s) to be the amount of the income tax refund or the Maximum Aid Payment (MAP), whichever is less. For the second retroactive period (May, 1982 through August, 1982), the CWD shall calculate the retroactive benefit amount to be the amount of the income tax refund identified by IRS and/or FTR.

.62 A CWD shall determine the amount of cash aid which should have been received and compare it to the corrected grant or the MAP as instructed in Section 50-016.6.

.621 If the cash aid received was less than the MAP for any month in the retroactive period due to the receipt of an income tax refund, the difference between the cash aid amount received and MAP or

the corrected grant amount will be the retroactive benefit for that month.

.7 Computation and Delivery of Retroactive Payments

.71 For claims submitted for a grant reduction, termination or denial which occurred before January 1, 1981, four calculations will be made.

.711 Determine the amount of the retroactive benefit from the information in the case file or from information supplied by the FIB and/or the IRS (See Section 50-016.6).

.712 Multiply the amount of the monthly retroactive benefit by the appropriate percentage as set forth in Section 50-016.79.

.713 Multiply the same retroactive benefit amount by the appropriate percentage for the month in which the payment is authorized as set forth in Section 50-016.791.

.714 Add amounts in Sections 50-016.711, .712 and .713 to arrive at the retroactive payment.

.72 Examples

.721 For a claim submitted for a grant reduction, termination or denial which occurred before January 1, 1981.

<u>(Month of Retroactive Benefit)</u>	<u>February 1980</u>	<u>= \$300</u>
<u>(Interest percentage to be paid for the 7% period)</u>	<u>x January 1981 Interest Amount</u>	<u>= x.0640 = \$19.20</u>

<u>(Interest percentage to be paid in the payment authorization month)</u>	<u>February 1980</u>	<u>= \$300</u>
	<u>x March 1988 Interest Amount</u>	<u>= x.7246 = \$217.38</u>

.722 Add the amount of the retroactive benefit to the interest computed above to determine the retroactive payment.

<u>Retroactive Benefit</u>	<u>+</u>	<u>Interest</u>	<u>+</u>	<u>Retroactive Interest</u>	<u>=</u>	<u>Payment</u>
<u>\$300.00</u>		<u>\$19.20</u>		<u>\$217.38</u>		<u>\$536.58</u>

.73 For claims submitted for a grant reduction, termination or denial which occurred after January 1, 1981 three calculations will be made:

.731 Determine the amount of the retroactive benefit an individual class member received for each claim of retroactive eligibility.

.732 Multiply the amount of the retroactive benefit by the appropriate percentage for the month in which payment is authorized, as set forth in Section 50-016.792.

.733 Add amounts in Sections 50-016.731 and .732 to arrive at the retroactive payment.

.74 Examples

.741 For a claim submitted for a grant reduction, termination or denial which occurred after January 1, 1981.

(Month of Retroactive Benefit)	June 1982	= \$300
(Interest Percentage to be paid in payment authorization month)	x March 1988	= x.5836
	Interest Amount	= \$175.08

.742 Add the amount of the monthly retroactive benefit to the interest computed above to determine the retroactive payment.

Retroactive Benefit + Interest	=	Retroactive Benefit
\$300	\$175.08	\$475.08

.75 If a claimant has his grant reduced, terminated or denied due to the receipt of an income tax refund for more than the one month in the retroactive periods, add all retroactive payments together to arrive at a total retroactive payment.

.76 Retroactive benefits received shall not be used to offset an overpayment incurred before August 31, 1982.

.77 Determine the total retroactive payment and send the appropriate NDA as specified by SDSS within 90 days of the date the claim is received if case record

information is available. If tax record information must be requested from the FTP and/or the IRS, an additional 30 days after the information is received by the CWD will be permitted for processing.

.78 Maximum Aid Payments in the Retroactive Periods

<u>Size of</u> <u>EBU</u>	<u>Maximum Aid</u>		
	<u>1/01/79-</u> <u>6/30/79</u>	<u>7/01/79-</u> <u>6/30/80</u>	<u>7/01/81-</u> <u>6/30/82</u>
1	\$175	\$201	\$248
2	287	331	408
3	356	410	506
4	423	487	601
5	483	556	686
6	543	625	771
7	596	686	846
8	649	747	922
9	701	807	996
<u>10 or</u> <u>more</u>	<u>754</u>	<u>868</u>	<u>1,071</u>

.79 Seven Percent (7%) Interest Factor Table

January 1979 through December 1980*

<u>Retroactive Benefit</u>	<u>December 1980</u>
January 1979	.1400
February 1979	.1340
March 1979	.1287
April 1979	.1227
May 1979	.1170
June 1979	.1110
July 1979	.1053
August 1979	.0993
September 1979	.0934
October 1979	.0876
November 1979	.0817
December 1979	.0759
January 1980	.0700
February 1980	.0640
March 1980	.0587

* SDSS is paying seven percent (7%) simple interest on retroactive benefits for the period prior to January 1981. The interest factors shown above provide the

factor to be used in the first step of computing retroactive benefits for claims submitted for benefit months prior to January 1981.

.791

Ten Percent (10%) Interest Factor Table* January 1981
through November 1988* Payment Authorization Month

<u>Retroactive</u> <u>Benefit Month</u>	<u>03/88</u>	<u>04/88</u>	<u>05/88</u>	<u>06/88</u>	<u>07/88</u>	<u>08/88</u>	<u>09/88</u>	<u>10/88</u>	<u>11/88</u>
Jan. 1979	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915
Feb. 1979	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915
Mar. 1979	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915
Apr. 1979	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915
May 1979	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915
June 1979	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915
July 1979	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915
Aug. 1979	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915
Sept. 1979	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915
Oct. 1979	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915
Nov. 1979	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915
Dec. 1979	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915
Jan. 1980	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915
Feb. 1980	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915
Mar. 1980	.7246	.7329	.7414	.7496	.7581	.7666	.7748	.7833	.7915

*

SNSS is paying ten percent (10%) simple interest on retroactive benefits for the period after January 1981. The interest factors shown above provide the factor to be used in the second step of computing retroactive benefits for claims submitted for benefit months prior to January 1981.

.792

Ten Percent (10%) Interest Factor Table May 1982
through November 1988* Payment Authorization Month

<u>Retroactive</u> <u>Benefit Month</u>	<u>03/88</u>	<u>04/88</u>	<u>05/88</u>	<u>06/88</u>	<u>07/88</u>	<u>08/88</u>	<u>09/88</u>	<u>10/88</u>	<u>11/88</u>
May 1982	.5920	.6003	.6088	.6167	.6252	.6337	.6419	.6504	.6586
June 1982	.5836	.5918	.6003	.6082	.6167	.6252	.6334	.6419	.6501
July 1982	.5753	.5836	.5920	.6000	.6085	.6170	.6252	.6337	.6419
Aug. 1982	.5668	.5751	.5835	.5915	.6000	.6085	.6167	.6252	.6334

•8 Statistical Reporting

The CWD shall submit to SDSS a statistical report no later than November 1, 1988 containing the following information:

- (a) Number of claims received
- (b) Number of claims paid
- (c) Amount of the benefits paid
- (d) Number of claims denied
- (e) Reasons for denial

Authority Cited: Sections 10553 and 10554, Welfare and Institution Code.

Reference: Sections 10553 and 10554, Welfare and Institutions Code, and Vaessen v. Woods (1984) 35 Cal. 3d 749, and Vaessen v. McMahon, Stipulated Judgement and Order Approving Settlement, Los Angeles Superior Court, September 17, 1987.

WELFARE MAY OWE YOU MONEY**Vaessen v. Woods**

A court order says that income tax refunds cannot be counted against your cash aid. The State may owe you money if you got an income tax refund between January 1979 and March 1980 or between May 1982 and August 1982 and your cash aid was denied, stopped or changed. To apply, fill this out and mail or bring it to the county where you were on cash aid or denied cash aid.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Were you on cash aid or denied cash aid anytime between January 1979 and March 1980 or between May 1982 and August 1982? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you get an income tax refund between January 1979 and March 1980 or between May 1982 and August 1982? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were you denied cash aid or was your cash aid stopped or changed because the county counted your income tax refund as income between January 1979 and March 1980 or between May 1982 and August 1982? | <input type="checkbox"/> | <input type="checkbox"/> |

Fill out this form only if you answer "YES" to all three questions. Mail or bring it to each county welfare office where you got cash aid or were denied cash aid between January 1979 and March 1980 or between May 1982 and August 1982. DO NOT MAIL THIS CLAIM FORM TO THE FRANCHISE TAX BOARD.

You must get this claim form to us by May 31, 1988 or you will be denied.

NAME: _____

AFDC CASE NUMBER (IF YOU KNOW IT): _____

TELEPHONE NUMBER: _____

()

SOCIAL SECURITY NUMBER: *

CURRENT ADDRESS STREET/CITY/ZIP CODE: _____

My cash aid was (check one):

☐ Denied☐ Stopped☐ Changed

I lived in these counties when I got an income tax refund that changed or stopped my cash aid.

COUNTY:	FROM:	TO:

I state under penalty of perjury and the laws of California that these facts are true and complete.

SIGNATURE: _____

DATE: _____

* You must give us your Social Security Number. We cannot approve your claim without it. We will use your number to get facts from other public agencies.
[SOCIAL SECURITY ACT, SECTION 402(a)(25)]

SUPPLEMENTAL CLAIM FORM**Vaessen v. Woods**

TO BE COMPLETED BY COUNTY ONLY
NAME:
AFDC CASE NO. (IF AVAILABLE):
ADDRESS NOW:

You must give us this form by _____
or your claim will be denied.

1. NAME:

2. ADDRESS WHEN YOU GOT THE TAX REFUND(S):

4. Check off when you got an income tax refund.

- ☐ January 1979 through December 1979
- ☐ January 1980 through March 1980
- ☐ May 1982 through August 1982

I state under penalty of perjury and the laws of
California that these facts are true and complete.

SIGNATURE:

DATE:

3. List everyone who lived with you in the months you are asking
for back cash aid.

NAME:	RELATIONSHIP TO YOU:

Return to:

Please bring or mail us a photocopy of your Driver's License, or
California Identification card or signed Social Security card.

RELEASE OF TAX INFORMATION

This form allows us to get the amount of your State Income Tax refund(s). We need this to figure your back cash aid.

PLEASE READ AND SIGN

The Franchise Tax Board may give facts to

_____ County Welfare Department about the State Income Tax refund(s) I received in the periods January 1979 through March 1980 or May 1982 through August 1982. These facts are secret and will only be used to prove and figure my Vaessen v. Woods court case back cash aid amount.

My signature: _____

Date: _____

If you do not sign and return this form by _____; you will be denied.

Please bring or mail a photocopy of your Driver's License or California Identification card or signed Social Security card.

FOR COUNTY USE ONLY	
RETURN TO:	
CLAIMANT'S NAME:	
SOCIAL SECURITY NUMBER:	
CHECK THE BOX OR BOXES OF THE TIME PERIOD(S) CLAIMANT RECEIVED A TAX REFUND:	
<input type="checkbox"/> 1/79 - 12/79 <input type="checkbox"/> 1/80 - 3/80 <input type="checkbox"/> 5/82 - 8/82	
This certifies that the signature below has been verified by comparison to a valid Driver's License, California Identity card or a signed Social Security card.	
SIGNATURE:	
TITLE:	DATE:

RELEASE OF TAX INFORMATION

This form allows us to get the amount of your Federal Income Tax refund(s). We need the amount to figure your back cash aid.

PLEASE READ AND SIGN

The Internal Revenue Service may give facts to

_____ County
about the Federal Income Tax refund(s) I received in the
periods January 1979 through March 1980 or May
1982 through August 1982. These facts are secret and
will only be used to prove and figure my Vaessen v.
Woods court case back cash aid amount.

My signature: _____

Date: _____

If you do not sign and return this form by _____;
you will be denied.

Please bring or mail a photocopy of your Driver's
License or California Identification card or signed Social
Security card.

FOR COUNTY USE ONLY	
RETURN TO:	
CLAIMANT'S NAME:	
SOCIAL SECURITY NUMBER:	
CHECK THE BOX OR BOXES OF THE TIME PERIOD(S) CLAIMANT RECEIVED A TAX REFUND: <input type="checkbox"/> 1/79 - 12/79 <input type="checkbox"/> 1/80 - 3/80 <input type="checkbox"/> 5/82 - 8/82	
This certifies that the signature below has been verified by comparison to a valid Driver's License, California Identity card or a signed Social Security card.	
SIGNATURE:	
TITLE:	DATE:

Date:

Mr. Don Oliver
Disclosure Officer
Internal Revenue Service
P. O. Box 24014
Sacramento, CA 93779

Dear Mr. Oliver:

VAESSEN v. WOODS

Enclosed are Release of Tax Information forms (Temp 1706D) necessary to obtain Federal tax information for the periods January 1979 through March 1980 and May 1982 through August 1982. This information will allow the settlement of claims in the Vaessen v. Woods Court Case. Please return the tax information requested to:

COUNTY:
ADDRESS:
CITY/STATE/ZIP CODE:
ATTENTION:

If you have any questions please call _____ at (____) _____.

Sincerely,

Enclosures

Date:

Mr. Jim Morandi
Disclosure Officer
Franchise Tax Board
P. O. Box 942840
Sacramento, CA 94240-0000

Dear Mr. Morandi:

VAESSEN v. WOODS

Enclosed are Release of Tax Information forms (Temp 1706C) necessary to obtain State tax information for the periods January 1979 through March 1980 and May 1982 through August 1982. This information will allow the settlement of claims in the **Vaessen v. Woods** Court Case. Please return the tax information requested to:

COUNTY:
ADDRESS:
CITY/STATE/ZIP CODE:
ATTENTION:

If you have any questions please call _____ at () _____.

Sincerely,

Enclosures

NOTICE OF ACTION.

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County has approved your back cash aid for some months in the periods January 1979 through March 1980 and May 1982 through August 1982.

Here's why:

A court order says that we should not have counted your income tax refund to figure your cash aid for these months.

When we don't count your income tax refund, your income goes down and your cash aid amount goes up.

Your back cash aid amount plus interest for each month is figured on this notice.

☐ A check is enclosed.

☐ A check will be sent soon.

If you are on cash aid this check will not lower your cash aid in the month you get it or in the next month.

Month and Year	_____	_____	_____
Income Tax Amount	_____	_____	_____
We Counted Then	\$	_____	_____
Interest	+	_____	_____
Back Cash Aid Amount	=	_____	_____

Total Back Cash Aid
Amount \$ _____

Rules: These rules apply. You may review them at your Welfare office: MPP 50-016, Vaessen v. Woods Retroactive Court Order.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County has approved your back cash aid for some months in the periods January 1979 through March 1980 and May 1982 through August 1982.

Here's why:

You couldn't get cash aid before because we counted your income tax refund. A court order says we should not have done this.

When we don't count your income tax refund, your income goes down and you can get cash aid.

Your cash aid amount plus interest for each month of back cash aid is figured on this notice.

☐ A check is enclosed.

☐ A check will be sent soon.

If you are on cash aid this check will not lower your cash aid in the month you get it or in the next month.

(January 1979 - March 1980)

Month and Year	_____	_____
Cash Aid You Could		
Have Had	\$ _____	_____
Interest	+	_____
Back Cash Aid Amount =	_____	_____

(May 1982 - August 1982)

Month and Year	_____	_____
Cash Aid You Could		
Have Had	\$ _____	_____
Interest	+	_____
Back Cash Aid Amount =	_____	_____

Total Back Cash Aid
Amount

\$ _____

Rules: These rules apply. You may review them at your Welfare office: MPP 50-016, Vaessen v. Woods Retroactive Court Order.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County has approved your claim for back cash aid.

Here's why:

We told you before about an overpayment you had because you got an income tax refund. To pay it back, we adjusted your cash aid amount. A court order says we should not have counted your income tax refund to figure your cash aid amount.

This means you did not have an overpayment and we should not have adjusted your cash aid amount.

Your back cash aid amount plus interest is figured on this notice.

☐ A check is enclosed.

☐ A check will be sent soon.

If you are on cash aid this check will not lower your cash aid in the month you get it or in the next month.

Month and Year	_____	_____	_____
Amount of Income	_____	_____	_____
Tax Refund	\$	_____	_____
Interest	+	_____	_____
Back Cash Aid Amount	=	_____	_____

Total Back Cash Aid
Amount \$ _____

Rules: These rules apply. You may review them at your Welfare office: MPP 50-016, Vaessen v. Woods Retroactive Court Order.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County has approved your claim for back cash aid.

Here's why:

We told you before about an overpayment you had because you got an income tax refund. To pay it back, we adjusted your cash aid. A court order says we should not have counted your income tax refund to figure your cash aid amount in those months.

This means you did not have an overpayment and we should not have adjusted your cash aid amount.

When we don't adjust your cash aid, the total amount goes up.

Your back cash aid amount plus interest is figured on this notice.

☐ A check is enclosed.

☐ A check will be sent soon.

If you are on cash aid this check will not lower your cash aid in the month you get it or in the next month.

Month and Year _____
Amount Your Cash Aid _____
was Lowered Then \$ _____
Interest + _____
Back Cash Aid Amount = _____

Month and Year _____
Amount Your Cash Aid _____
was Lowered Then \$ _____
Interest + _____
Back Cash Aid Amount = _____

Month and Year _____
Amount Your Cash Aid _____
was Lowered Then \$ _____
Interest + _____
Back Cash Aid Amount = _____

Month and Year _____
Amount Your Cash Aid _____
was Lowered Then \$ _____
Interest + _____
Back Cash Aid Amount = _____

Total Back Cash Aid Amount \$ _____

Rules: These rules apply. You may review them at your Welfare office: MPP 50-016, Vaessen v. Woods Retroactive Court Order.

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____

Month and Year	_____	_____	_____	_____	_____	_____
Amount Your Cash						
Aid was Lowered						
Then	\$	_____	_____	_____	_____	_____
Interest	+	_____	_____	_____	_____	_____
Back Cash Aid						
Amount	=	_____	_____	_____	_____	_____

Month and Year	_____	_____	_____	_____	_____	_____
Amount Your Cash						
Aid was Lowered						
Then	\$	_____	_____	_____	_____	_____
Interest	+	_____	_____	_____	_____	_____
Back Cash Aid						
Amount	=	_____	_____	_____	_____	_____

Month and Year	_____	_____	_____	_____	_____	_____
Amount Your Cash						
Aid Was Lowered						
Then	\$	_____	_____	_____	_____	_____
Interest	+	_____	_____	_____	_____	_____
Back Cash Aid						
Amount	=	_____	_____	_____	_____	_____

Total \$ _____

Rules: These rules apply. You may review them at your Welfare office: MPP 50-016, Vaessen v. Woods Retroactive Court Order.

State Hearing: If you think this action is wrong you can file for a hearing. The back of this page tells how.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

We cannot process your Vaessen v. Woods claim for back cash aid dated _____.

Here's why:

You did not meet all the parts of the rule.

The part of the rule you did not meet was:

- ☐ You must have gotten an income tax refund in at least one month between January 1979 through March 1980 or May 1982 through August 1982; and
- ☐ Your cash aid must have been stopped, changed or denied because you got the income tax refund.

Rules: These rules apply. You may review them at your Welfare office: MPP 50-016, Vaessen v. Woods Retroactive Court Order.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

We cannot process your Vaessen v. Woods claim for back cash aid dated _____.

Here's why:

The claim must be sent to the county where you were aided or where you applied for cash aid between January 1979 through March 1980 or May 1982 through August 1982. You did not apply for or get cash aid from this county.

We have sent your claim to _____. That is where you were aided or where you applied for cash aid in these periods. You will get another notice from them.

Rules: These rules apply. You may review them at your Welfare office: MPP 50-016, Vaessen v. Woods Retroactive Court Order.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case : _____
Name : _____
Number : _____
Worker : _____
Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County needs more facts to process your Vaessen v. Woods claim.

- ☐ Please fill in the circled parts of the claim form, attached.
- ☐ Please fill in the supplemental claim form, attached.
- ☐ Please fill in the Internal Revenue Service Release of Tax Information Form, attached.
- ☐ Please fill in the Franchise Tax Board Release of Tax Information Form, attached.
- ☐ Please bring or mail in a photocopy of your Driver's License or California Identification card or signed Social Security card.

Send or bring in the completed form(s) by _____.
If we don't have all the facts by this date your claim will be denied.

Rules: These rules apply. You may review them at your Welfare office: MPP 50-016, Vaessen v. Woods Retroactive Court Order.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County has denied your Vaessen v. Woods claim for back cash aid dated _____.

Here's why:

You did not give us all the facts we needed to process your claim.

What we needed was:

Rules: These rules apply. You may review them at your Welfare office: MPP 50-016, Vaessen v. Woods Retroactive Court Order.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The county has denied your Vaessen v. Woods claim for back cash aid dated _____.

Here's why:

You must have sent your claim to the County by May 31, 1988 and you did not do this by that date.

Rules: These rules apply. You may review them at your Welfare office: MPP 50-016, Vaessen v. Woods Retroactive Court Order.

INSTRUCTIONS FOR COMPLETING NOTICES OF ACTION

Attached are ten reproducible copies of the Notice of Action message language to be used in informing families covered by the Vaessen v. Woods Retroactive Court Order. The language on the attached Notices of Action has been approved under the terms of the Turner Consent Decree and is mandated for use.

We have attempted to develop Notice of Action messages for the majority of case situations. However, the messages may not address every possibility. Counties may develop additional messages to meet individual case circumstances following the language pattern established in the state messages.

M50-016At (5/87)-Retroactive Change

Use for cases that received an income tax refund that changed their grant but did not discontinue or suspend the case. Insert the month and year for each month in which an income tax refund was counted. Complete the computation for all applicable months. Check the appropriate box to indicate when the check will be sent.

Use when case records are available.

M50-016Bt (5/87)-Retroactive Approval

Use for cases that were discontinued or denied due to the receipt of an income tax refund. Insert the month and year for each month in which an income tax refund was counted. Fill in the computation amounts for each month of retroactive eligibility. Check the appropriate box to indicate when the check will be sent.

Use when case records are available.

M50-016Ct (5/87)-Retroactive Overpayment Refund, Without Records

Use to refund overpayment adjustments. Insert the month and year for each time an income tax refund was received. Complete the computations. Check the appropriate box to indicate when the check will be sent.

Use when case records are not available.

M50-016Dt (5/87)-Retroactive Overpayment Refund, With Records

Use to refund overpayment adjustments. Use Vaessen M50-016Et as a continuation page if needed. Check the appropriate box to indicate when the check will be sent.

Use when case records are available.

M50-016Et (5/87)-Computation Continuation Page

Use as an attachment to Vaessen M50-016Dt (5/87). Insert the name of the month and year for each eligible month. Fill in the computation amounts for each month of retroactive eligibility.

M50-016Ft (5/87)-Retroactive Denial, Not a Class Member

Use when claimant is not a class member.

M50-016Gt (5/87)-Retroactive Denial, Wrong County

Use when the claimant submitted the claim form to the wrong county. Fill in the county name when transmitting the claim to the correct county.

M50-016Ht (5/87)-Retroactive, Request for Information

Check the box or boxes of the form(s) needed to process the claim. Fill in the date for return.

M50-016It (5/87)-Retroactive Denial, Failure to Provide Information

Use when the Informing/Claiming Notice, the Supplemental Claim Form, or the Release of Tax Information Form(s) with valid identification are not returned completed. Fill in the information needed.

M50-016Jt (5/87)-Retroactive Denial Late Filing

Use when a Claim Form is submitted after the last day of the claim period. Fill in the date the claim was submitted.

Vaessen v. Woods County Listing by Code Number

COUNTY CODE	COUNTY	COUNTY CODE	COUNTY
01	Alameda	31	Placer
02	Alpine	32	Plumas
03	Amador	33	Riverside
04	Butte	34	Sacramento
05	Calaveras	35	San Benito
06	Colusa	36	San Bernardino
07	Contra Costa	37	San Diego
08	Del Norte	38	San Francisco
09	El Dorado	39	San Joaquin
10	Fresno	40	San Luis Obispo
11	Glenn	41	San Mateo
12	Humboldt	42	Santa Barbara
13	Imperial	43	Santa Clara
14	Inyo	44	Santa Cruz
15	Kern	45	Shasta
16	Kings	46	Sierra
17	Lake	47	Siskiyou
18	Lassen	48	Solano
19	Los Angeles	49	Sonoma
20	Madera	50	Stanislaus
21	Marin	51	Sutter
22	Mariposa	52	Tehama
23	Mendocino	53	Trinity
24	Merced	54	Tulare
25	Modoc	55	Tuolumne
26	Mono	56	Ventura
27	Monterey	57	Yolo
28	Napa	58	Yuba
29	Nevada		
30	Orange		

STATISTICAL REPORT

SEND ONE COPY TO:

Department of Social Services
Statistical Services Section
744 P Street, M.S. 19-84
Sacramento, California 95814
(916) 924-2838

VAESSEN V. WOODS

NAME OF COUNTY SUBMITTING REPORT

THIS REPORT IS DUE ON OR BEFORE

November 1, 1988

THIS REPORT IS

☐ ORIGINAL SUBMISSION ☐ SUBSEQUENT REPORT ☐ REVISION NO. _____
NO. _____

REPORTING PERIOD

FROM: March 1, 1988**TO:** May 31, 1988

1. Total number of claims received _____
(equal to the sum of Item 2 + Item 4)
2. Total number of claims paid _____
3. Total amount of benefits paid \$ _____
4. Total number of claims denied _____
(equals the sum of 5a, b, c, and d)
5. Reasons for Denial —
- a. Not on AFDC during the retroactive period _____
- b. Grant was not affected by Income Tax Refund _____
- c. Failure to provide requested information _____
- d. Late filing (after May 31, 1988) _____

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE